2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # G75552

1. Entity Name OPEN SOFTWARE TECHNOLOGIES, INC.



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and the second s

Principal Place of Business

Mailing Address

990 DOUGLAS AVENUE

PO BOX 162652

STE 102

ALTAMONTE SPRINGS, FF 32714 US

1202 KUMQUAT CT ALTAMONTE SPGS, FL 32716-652 US

FILED Apr 15, 2004 08:00 AM Secretary of State



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4. FEI Number

CR2E034 (10/03)

59-2350187

04122004

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

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TRAVIS, RICHARD B

No Chg-P

1202 KUM	QUAT CT OD, FL 32779		•	· ·	THIS SF		e e sem All
the obligat	named entity submits this statement for the titions of registered agent.	purpose of changing its registere	d office or r	egistered agent, or be	oth, in the State of Flo	xida. I am famili	ar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE, Registered A				required when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finant Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees	U00000	0113304 -20004-20	ድ ነርሳ ልዕ
10.	OFFICERS AND DIRE	CTORS					J 135.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRAVIS, RICHARD B. 1202 KUMQUAT CT LONGWOOD, FL			 		, = - - - - -	A de de la composición del composición de la composición de la composición del composición de la composición del composición de la composición de la composición del composición del composición de la composición del composición del composición del composición del composición del composición del compo
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attacopyrent with an address, with all other like empowered.

SIGNATURE:

UNDER TRANSPORT OF ADDRESS OF A DESCRIPTION OF ADDRESS OF ADDRE

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR